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CONFIRMATION NO. 3332

SERIAL NUMBER 10/761,647	FILING OR 371(c) DATE 01/20/2004 RULE	CLASS 227	GROUP ART UNIT 3721	ATTORNEY DOCKET NO.	
APPLICANTS Claudette M. Ables, Albia, IA; ** CONTINUING DATA ***** <i>expired</i> This appln claims benefit of 60/486,551 07/11/2003 <i>BN</i> ** FOREIGN APPLICATIONS ***** <i>none, BN</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 04/26/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>BN</i> Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY IA	SHEETS DRAWING 4	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS 43876					
TITLE "Staple align", medical skin stapler with attached skin tissue forceps					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		